

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14	1						
15		1					
16		1					
17	1						
18		1					
19							
20							
21							
22							
23							
24							
25							
26	1						
27		1					
28							
29							
30							
31							
32							
33							
34							
35	1						
36		1					
37							
38							
39							
40							
41							
42							
43							
44							
45	1						
46		1					
47							
48							
49							
50							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS